



\_\_\_\_\_ **I understand** that no person shall sell tobacco or nicotine delivery products to a minor.

\_\_\_\_\_ **I understand** that each person selling or distributing tobacco or nicotine delivery products shall verify the age of every purchaser by means of a valid government issued photo identification.

\_\_\_\_\_ **I understand** that tobacco and nicotine delivery products must be sold in their original packaging.

\_\_\_\_\_ **I understand** that the sale of single or loose cigarettes or cigarettes in packages fewer than 20 cigarettes is prohibited.

\_\_\_\_\_ **I understand** that self-service tobacco and nicotine delivery product displays from which the customer may select tobacco products, lighters, or matches are prohibited.

\_\_\_\_\_ **I understand** that I may not sell tobacco products below state minimum prices.

\_\_\_\_\_ **I understand** that a "we card all" sign must be on display at every point of sale.

\_\_\_\_\_ **I will** provide the Monson Board of Health with proof of a current "Cigarette Retail License" from the Massachusetts Department of Revenue. **(Attach copy of DOR license)**

\_\_\_\_\_ **I understand** that I am responsible for informing any and all persons who sell tobacco at my business about both state and local regulations pertaining to tobacco sales.

\_\_\_\_\_ **I understand** that the Monson Board of Health or its designee(s) will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors. This means that:

- The Board of Health or its designee(s) will send minors into my establishment who will attempt to purchase tobacco products.
- These minors may or may not look 18 years of age.
- These minors may or may not have ID.

\_\_\_\_\_ **I understand** that penalties for violation of the regulation will include monetary fines and/or suspension of my permit to sell tobacco or nicotine delivery products. Said penalties will be in compliance with the local and state violation penalty/fee schedule.

\_\_\_\_\_ **I have read and understand the Regulation of the Town of Monson Board of Health Regulations Affecting Youth Access to Tobacco**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_



**Building And Promoting A Healthy Community**